

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/538497 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4	1		1			
5	1			1		
6	1			1		
7	2			1		
8				1		
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TOTAL IND.	2		2			
TOTAL DEP.	7	←	7	←		←
TOTAL CLAIMS	9	████████	9	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████